

ESTATES & TRUST INFO SHEET

GENERAL INFORMATION

Name _____ EIN _____
Fiduciary Name _____ Title _____

STREET ADDRESS (to be reflected on the return)

Address _____
City _____ ST _____ Zip Code _____

CONTACT INFORMATION

PRIMARY CONTACT

Name _____
Title _____
Email _____
Best PH _____

SECONDARY CONTACT

Name _____
Title _____
Email _____
Best PH _____

OTHER INFORMATION

Entity Type _____ Date Created _____
(MM/DD/YYYY)
How did you hear about us? Referral _____
Google Facebook Other _____

BENEFICIARY 1

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 2

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 3

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 4

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 5

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 6

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

NOTES or OTHER INFORMATION YOU WOULD LIKE US TO KNOW

ESTATES & TRUST BENEFICIARIES (CONT'D)

BENEFICIARY 7

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 8

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 9

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 10

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 11

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 12

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 13

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 14

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 15

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 16

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 17

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

BENEFICIARY 18

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____